



State of New Jersey

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TNJDHSS Communicable Disease Service Weekly

Statewide Influenza Activity Summary

Week Ending February 10, 2006

Influenza level of activity: "LOCAL ACTIVITY"

From September 20, 2005, to date, 960 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending February 10, 2006:

- Number of influenza A culture confirmed cases: 37
- Number of influenza B culture confirmed cases: 2

This is the twentieth week of the 2005-06 influenza season in New Jersey. This week the NJDHSS Communicable Disease Service was notified of another cluster of febrile upper respiratory illness in a primary school located in the northern part of the state. The school nurse instituted respiratory precautions to contain the situation and the school was then closed and students were advised to seek appropriate medical treatment from their primary care physicians. The outbreak that occurred last week has been contained and most of the students have returned to school. No other outbreaks were officially reported to NJDHSS, Communicable Disease Services.

This week the influenza-like illness (ILI) rate from emergency department visits and the school absenteeism rate are 6.01% and 5.36% respectively. The nursing home rate shows a slight decrease 1.37% to 1.06 % compared with last week.

Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight increase in the number of tests performed and the number of positives. Overall, this week's surveillance parameter shows a slight increase in the level of activity when compared with previous weeks.

A few of the county percentage parameters showed figures well above the total average (see 07Feb.06pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey remains at “LOCAL ACTIVITY”. This level of activity is comparable with the same period last season.

According to the CDC's latest influenza weekly activity level report for week 4 (January 22 – January 28, 2006) influenza activity continued approximately at the same level as recent weeks in the United States. Three hundred forty-three specimens (12.0%) tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Five states reported widespread influenza activity; 21 states and New York City reported regional influenza activity; 13 states reported local influenza activity; and 11 states including New Jersey, the District of Columbia, and Puerto Rico reported sporadic influenza activity. For more information go to: <http://www.cdc.gov/flu/>

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The confirmation of highly pathogenic H5N1 avian influenza in domestic birds in northern Nigeria marks the further geographical spread of this virus. This first confirmed H5N1 outbreak in Nigeria, is thought to be confined to a large commercial farm located in Kaduna State in the northern part of the country, where thousands of chickens were kept in battery cages. Investigations are urgently needed to determine whether the outbreak, which began almost a month ago, has spread from the farm to affect household flocks. Poultry deaths in the adjacent province of Kano have been reported, but the cause has not yet been determined. No clear information about the source of the Nigerian outbreak is presently available, but the country is known to lie along a flight route for birds migrating from central Asia. The Ministry of Health in China has reported the country's eleventh laboratory confirmed case of human infection with the H5N1 avian influenza virus. To date the cumulative number of laboratory-confirmed human cases of avian influenza A/(H5N1) reported to WHO stands at 166 including 88 deaths. WHO reports only laboratory-confirmed cases. For more information go to: <http://www.who.int/csr/disease/influenza/en/>

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: <http://nj.gov/health/fluinfo/index.html>
- <http://www.nj.gov/health/flu/preventflu.shtml>

- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>